

## How to request an expedited hearing

File a declaration of readiness to proceed to expedited hearing when you need an expedited hearing on a claim that's been accepted. You can also use this form to request an expedited hearing if the insurance company hasn't approved medical treatment while investigating your claim.

The law requires the insurance company to authorize needed medical treatment within one working day after you submit a workers' compensation claim form, even while your claim is being investigated.

In addition to medical treatment, you can also request an expedited hearing at your local Workers' Compensation Appeals Board (WCAB) office to settle a disagreement about:

- Temporary disability, or the amount of temporary disability payments
- Vocational rehabilitation (if you appealed your Rehabilitation Unit determination on time or need to enforce a Rehabilitation Unit determination)
- Or when two or more employers argue over which one is liable for your benefit payments.

No matter what the problem, a hearing will only be set if you have an existing WCAB case number. If you do not have an existing WCAB case number, you also need to file an application for adjudication of claim (see I & A guide 4), which opens a WCAB case for you.

Complete the form using the attached sample as a guide. Check the issues being disputed. Provide a brief explanation of the issue or issues. Be sure to sign and date the form. File all supporting evidence with the form, including relevant medical reports. If you are appealing a Rehabilitation Unit determination and order, make sure to attach your rehabilitation appeal if not already filed.

Send the originals to your local WCAB office and copies to all parties.

Keep a copy for your records.

All parties will be notified by mail when a hearing is set.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

## DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

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**ANAHEIM, 92801-1162**

1661 N. Raymond Ave., Suite 202  
Information & Assistance Unit **(714) 738-4038**

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit **(661) 395-2514**

**EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit **(707) 441-5723**

**FRESNO, 93721-2280**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit **(559) 445-5355**

**GOLETA, 93117-3018**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit **(805) 968-4158**

**GROVER BEACH, 93433-2261**

1562 W. Grand Avenue  
Information & Assistance Unit **(805) 481-3380**

**LONG BEACH, 90802-4339**

300 Oceangate Streets, Suite 200  
Information & Assistance Unit **(562) 590-5240**

**LOS ANGELES, 90013-1105**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit **(213) 576-7389**

**MARINA DEL REY, CA 90292**

4720 Lincoln Blvd. 2<sup>nd</sup> floor  
Information & Assistance Unit **(310) 482-3858**

**OAKLAND, 94612-1402**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit **(510) 622-2861**

**OXNARD, 93030**

2220 East Gonzales Road, Suite 100  
Information & Assistance Unit **(805) 485-3528**

**POMONA, 91766-1601**

732 Corporate Center Drive  
Information & Assistance Unit **(909) 623-8568**

**REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit **(530) 225-2047**

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit **(951) 782-4347**

**SACRAMENTO, 95825-2403**

2424 Arden Way, Suite 230  
Information & Assistance Unit **(916) 263-2741**

**SALINAS, 93906-2204**

1880 North Main Street, Suites 100 & 200  
Information & Assistance **(831) 443-3058**

**SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit **(909) 383-4522**

**SAN DIEGO, 92108**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit **(619) 767-2170**

**SAN FRANCISCO, 94102-7002**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit **(415) 703-5020**

**SAN JOSE, 95113-1482**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit **(408) 277-1292**

**SANTA ANA, 92701-4070**

28 Civic Center Plaza, Suite 451  
Information & Assistance Unit **(714) 558-4597**

**SANTA ROSA, 95404-4760**

50 "D" Streets, Suite 420  
Information & Assistance Unit **(707) 576-2452**

**STOCKTON, 94202**

31 East Channel Street, Suite 344  
Information & Assistance Unit **(209) 948-7980**

**VAN NUYS, 91401-3373**

6150 Van Nuys Blvd., Suite 105  
Information & Assistance Unit **(818) 901-5374**

STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD

Your name

*Applicant*

vs.

Your employer and Insurance company

*Defendants*Case No. WCAB case #

**DECLARATION OF READINESS  
TO PROCEED TO  
EXPEDITED HEARING (TRIAL)**

[Labor Code Section 5502(b) and AD Rule 10136]

The Declarant requests that this case be set for expedited hearing and decision at:

WCAB office where you want hearing held

(Place)

on the following issues:

Entitlement to Medical Treatment per L.C. 4600Entitlement to Temporary Disability, or Disagreement on Amount of Temporary DisabilityAppeal from Determination of the Rehabilitation Unit finding entitlement to or terminating liability for rehabilitation services, or enforcement of an Order of the Rehabilitation UnitEntitlement to Compensation in Dispute because of Disagreement between Employers and/or CarriersExplanation List efforts you have made to resolve dispute

Declarant states under penalty of perjury that there is a bona fide dispute; that he/she is presently ready to proceed to hearing; that his/her discovery is complete on said issues.

Declarant's Signature Your signatureName and Law Firm (Print or Type) If you do not have an attorney, just print your nameAddress Your mailing address Phone Your phone numberDate Today's date

**SERVICE**

Names and addresses of parties, including law firms and representatives, and lien claimants served with a copy of this Declaration.

1. WCAB2. Insurance company3. Insurance company's attorney

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

vs.	<i>Applicant</i>
<i>Defendants</i>	

Case No. \_\_\_\_\_

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EXPEDITED HEARING (TRIAL)**

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\_\_\_\_\_ Entitlement to Medical Treatment per L.C. 4600

\_\_\_\_\_ Entitlement to Temporary Disability, or Disagreement on Amount of Temporary Disability

\_\_\_\_\_ Appeal from Determination of the Rehabilitation Unit finding entitlement to or terminating liability for rehabilitation services, or enforcement of an Order of the Rehabilitation Unit

\_\_\_\_\_ Entitlement to Compensation in Dispute because of Disagreement between Employers and/or Carriers

Explanation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Declarant states under penalty of perjury that there is a bona fide dispute; that he/she is presently ready to proceed to hearing; that his/her discovery is complete on said issues.

Declarant's Signature \_\_\_\_\_

Name and Law Firm (Print or Type) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

**SERVICE**

Names and addresses of parties, including law firms and representatives, and lien claimants served with a copy of this Declaration.
